

Reply to:

SANITATION INSPECTION REQUEST

		DATE	FILE NO.
NAME OF FACILITY		ADDRESS	
TYPE OF FACILITY	IN OPERATION <input type="checkbox"/> YES <input type="checkbox"/> NO		TELEPHONE
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		DIRECTION FOR REACHING FACILITY	
		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	

IDENTIFYING INFORMATION

PERSON TO CONTACT		TELEPHONE
ADDRESS		
TOTAL CAPACITY REQUESTED	TOTAL CAPACITY BY STANDARD	AGE RANGE

FORMER SANITATION INSPECTION, IF ANY

NAME OF OPERATOR	DATE OF LAST CLEARANCE	TYPE OF CARE
OTHER INFORMATION (INCLUDING ANY CHANGES RECOMMENDED BY DEPARTMENT OR PLANNED BY APPLICANT)		

Please make an inspection of the above named facility and send us a report of your findings, recommendations and comments. In your inspection, please give particular attention to: ☐ All items listed

- | | | |
|---|--|---|
| <input type="checkbox"/> Drinking water | <input type="checkbox"/> Item(s) checked | <input type="checkbox"/> General sanitation |
| <input type="checkbox"/> Water used for domestic purposes | <input type="checkbox"/> Lavatory, bath, and toilet facilities | <input type="checkbox"/> Maximum capacity by your regulations |
| <input type="checkbox"/> Water used for other purposes | <input type="checkbox"/> Food preparation and service | <input type="checkbox"/> |
| <input type="checkbox"/> Sewage disposal | <input type="checkbox"/> Refrigeration and food storage | <input type="checkbox"/> |
| <input type="checkbox"/> Garbage disposal | <input type="checkbox"/> Milk supply | <input type="checkbox"/> |
| | <input type="checkbox"/> Control of flies, mosquitoes, etc. | |

INSPECTION COMMENTS:	DATE
----------------------	------

Inspected by:

Phone No.

INSPECTION REQUESTED BY	PHONE NO.
-------------------------	-----------